

FORM NLRB-502 (RC)
(4-15)UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 32-RC-223269	Date Filed 07/06/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Good Samaritan Hospital, Mission Oaks Campus		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 15891 Los Gatos Almaden Rd., Outpatient Behavioral Health, 2nd Floor, Los Gatos, CA 95032	
3a. Employer Representative - Name and Title Nancy Clark, Vice President Human Resources		3b. Address (if same as 2b - state same) Good Samaritan Hospital 2425 Samaritan Dr., San Jose, CA 95124	
3c. Tel. No. 408-559-2289	3d. Cell No.	3e. Fax No.	3f. E-Mail Address nancy.clark1@hcahealthcare.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Outpatient Behavioral Health Clinic		4b. Principal product or service healthcare	
5b. Description of Unit Involved Included: all regular full-time, part-time and per diem professional employees including Outpatient Behavioral Therapists and Intake and Referral Specialists employed at the Outpatient Clinic located at 15891 Los Gatos Almaden Road, CA 95032 Excluded: All other employees, managers, confidential employees, physicians, nrs, service employees, technical employees, office clericals, and guards and supervisors as defined by the Act, as amended		5a. City and State where unit is located: Los Gatos, CA	
6a. No. of Employees in Unit 18		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Check One: <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 7/5/2018 and Employer declined recognition on or about No reply (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state). None		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? _____ (Name of labor organization) _____ has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none			
10a. Name		10b. Address	
10c. Tel. No.		10d. Cell No.	
10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.			
11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail		11b. Election Date(s): July 18-31	
11c. Election Time(s): NA		11d. Election Location(s): NA	
12a. Full Name of Petitioner (including local name and number) National Union of Healthcare Workers ("NUHW")			
12b. Address (street and number, city, state, and ZIP code) 5801 Christie Ave., Suite 525, Emeryville, CA 94608		12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) None	
12d. Tel. No. 510-834-2009	12e. Cell No. 707-601-1586	12f. Fax No. 510-834-2019	12g. E-Mail Address spage@nuhw.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Florice Hoffman, Attorney		13b. Address (street and number, city, state, and ZIP code) 9502 East Chapman Ave., Suite 353, Orange, Ca 92669	
13c. Tel. No. 714-282-1179	13d. Cell No. 526-524-5965	13e. Fax No. 714-282-7918	13f. E-Mail Address fhoffman@socal.rr.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Florice Hoffman	Signature <i>Florice Hoffman</i>	Title Attorney	Date 7/6/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Pacific Gas and Electric Co.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 77 Beale St, San Francisco CA 94105	
3a. Employer Representative - Name and Title Stacey Campos		3b. Address (If same as 2b - state same) same	
3c. Tel. No. 415-973-5357	3d. Cell No. 415-850-6340	3e. Fax No. 415-973-5520	3f. E-Mail Address SACH@pge.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Gas and Electric Utility		4b. Principal product or service Gas and Electric service	
5b. Description of Unit Involved Included: Sourcing Specialist, Associate; Sourcing Specialist; Sourcing Specialist, Senior; Sourcing Specialist, Expert - See Attachment A Excluded: All other employees - See Attachment A		5a. City and State where unit is located: Northern California	
		6a. No. of Employees in Unit: 39	
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 7/12/2018 and Employer declined recognition on or about _____ (Date) (If no reply received, so state).
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). Engineers and Scientists of California, Local 20 IFPTE		8b. Address 810 Clay St, Oakland CA 94607	
8c. Tel No. 510-238-8320	8d. Cell No.	8e. Fax No. 510-238-8324	8f. E-Mail Address ksawislak@ifpte20.org
8g. Affiliation, if any International Federation of Professional and Technical Engineers, AFL-CIO & CLC		8h. Date of Recognition or Certification 1952	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <u>12/31/2019</u>

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): Mail Ballots on August 1, 2018	11c. Election Time(s):	11d. Election Location(s):
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12a. Full Name of Petitioner (including local name and number) Engineers and Scientists of California, Local 20, IFPTE, AFL-CIO/CLC	12b. Address (street and number, city, state, and ZIP code) 810 Clay St, Oakland, CA, 94607
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Federation of Professional and Technical Engineers, AFL-CIO & CLC			
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12d. Tel No. 510-238-8320	12e. Cell No. 510-384-7088	12f. Fax No. 510-238-8324	12g. E-Mail Address jwright@ifpte20.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
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13a. Name and Title Emily Maglio, Attorney and Jonathan T. Wright, Union Representative/Organizer	13b. Address (street and number, city, state, and ZIP code) 810 Clay St, Oakland, CA, 94607
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13c. Tel No. 415-771-6400 and 510-238-8320	13d. Cell No. 510-384-7088	13e. Fax No. 415-771-7010	13f. E-Mail Address emaglio@leonardcarter.com and jwright@ifpte20.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Jonathan T. Wright	Signature 	Title Organizer	Date July 12, 2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

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Attachment A

To RC Petition filed on 7/3/2018 by ESC Local 20, IFPTE (ESC) for *Armour-Globe* self-determination election to add **Sourcing Specialists** to existing bargaining unit.

5b. Description of Unit Involved:

Included:

All full-time and part-time employees employed by the employer at all its locations in the Sourcing Department in the following classifications:

Sourcing Specialist, Associate; Sourcing Specialist; Sourcing Specialist, Senior;
Sourcing Specialist, Expert

These employees are petitioning to join the existing ESC-represented Professional & Technical Unit, comprised of approximately 3300 employees, and request an *Armour-Globe* election.

Excluded:

All other employees, confidential employees, guards, managers and supervisors as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **32-RC-223731**

Date Filed **7/16/2018**

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer
The Hospital Committee for the Livermore-Pleasanton Areas, d/b/a ValleyCare Medical Center

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)
See Attachment A

3a. Employer Representative - Name and Title
Scott Gregerson, President

3b. Address (If same as 2b - state same)
5555 W. Las Positas Blvd., Pleasanton, CA 94588

3c. Tel. No.
925-416-3504

3d. Cell No.
703-946-5219

3e. Fax No.
925-416-6812

3f. E-Mail Address
sgregerson@stanfordhealthcare.org

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Acute Care Hospital

4b. Principal product or service
Healthcare

5a. City and State where unit is located:
Pleasanton, Livermore, & Dublin, CA

5b. Description of Unit Involved

Included: See Attachment A

Excluded: See Attachment A

6a. No. of Employees in Unit:
50

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).
None

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):
Tuesday, August 7, 2018

11c. Election Time(s):
6:30-8:30AM, 12:00-1:30PM, and 6:30-8:30PM

11d. Election Location(s):
Doctors' Dining Room, SNF 1st Floor

12a. Full Name of Petitioner (including local name and number)
California Nurses Association/National Nurses United (CNA/NNU)

12b. Address (street and number, city, state, and ZIP code)
155 Grand Ave., Oakland, CA 94612

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
American Federation of Labor and Congress of Industrial Organizations (AFL-CIO)

12d. Tel No.
510-273-2200

12e. Cell No.

12f. Fax No.
510-663-4822

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title
Marie Walcek

13b. Address (street and number, city, state, and ZIP code)
Legal Dept., 155 Grand Ave., Oakland, CA 94612

13c. Tel No.
510-433-2742

13d. Cell No.
510-517-1871

13e. Fax No.
510-663-4822

13f. E-Mail Address
mwalcek@calnurses.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)
Marie Walcek

Signature

Title
Legal Counsel

Date
7/16/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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Attachment A**RC Petition****The Hospital Committee for the Livermore-Pleasanton Areas,
d/b/a ValleyCare Medical Center****by California Nurses Association/National Nurses United (CNA/NNU)****2b. Address(es) of Establishment(s) involved**

5555 W. Las Positas Blvd., Pleasanton, CA 94588
1111 E. Stanley Blvd., Livermore, CA 94550
1133 E. Stanley Blvd., Livermore, CA 94550
4000 Dublin Blvd., Dublin, CA 94568

5. Unit Involved**Existing Unit:**Included:

All full-time and regular part-time Registered Nurses, including those who serve as relief charge nurses and orthopedic coordinators, employed by the Employer at its facilities located at 5555 W. Las Positas Blvd., Pleasanton, California.

Excluded:

All other employees, nurse educators, patient navigators, infection control nurses, case managers, quality management specialists, lactation consultants, wound care nurses, RNs employed by registries or other agencies providing outside labor to the Employer, nurse administrators, managerial employees, confidential employees, office clerical employees, guards, and supervisors (including charge nurses), as defined in the Act.

Voting Group:Included:

All full-time, regular part-time, and per diem Registered Nurses, including those who serve as relief charge nurses, employed by the Employer at its facilities located at 1111 E. Stanley Blvd., Livermore, California, 1133 E. Stanley Blvd., Livermore, California, and 4000 Dublin Blvd., Dublin, California.

Excluded:

All other employees, nurse educators, patient navigators, infection control nurses, case managers, quality management specialists, lactation consultants, wound care nurses, RNs employed by

registries or other agencies providing outside labor to the Employer, nurse administrators, managerial employees, confidential employees, office clerical employees, guards, and supervisors (including charge nurses), as defined in the Act.

Eligibility date is pay period ending Saturday, July 14, 2018.

Per diem/floater/casual RNs are eligible if they have regularly averaged four hours or more per week in the 13 weeks before the July 14, 2018 eligibility date.

Resulting Unit:

Included:

All full-time and regular part-time Registered Nurses, including those who serve as relief charge nurses and orthopedic coordinators, employed by the Employer at its facilities located at 5555 W. Las Positas Blvd., Pleasanton, California, 1111 E. Stanley Blvd., Livermore, California, 1133 E. Stanley Blvd., Livermore, California, and 4000 Dublin Blvd., Dublin, California.

Excluded:

All other employees, nurse educators, patient navigators, infection control nurses, case managers, quality management specialists, lactation consultants, wound care nurses, RNs employed by registries or other agencies providing outside labor to the Employer, nurse administrators, managerial employees, confidential employees, office clerical employees, guards, and supervisors (including charge nurses), as defined in the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 32-RC-223830	Date Filed 07/17/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer Adesa Golden Gate		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 18501 West Stanford, Tracy, CA 95377	
3a. Employer Representative - Name and Title Jeff Hoyt General Manager		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. (209) 839-8000	3d. Cell No.	3e. Fax No. (209) 834-2939	3f. E-Mail Address Jeff.hoyt@adesa.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Auto auction		4b. Principal product or service Product sales	5a. City and State where unit is located: Tracy, California
5b. Description of Unit Involved Included: All full-time and part-time technicians employed by the Employer Adesa Golden Gate at its facility in Tracy, CA. Excluded: All others, including guards, clerical employees and supervisors as defined by the Act.			6a. No. of Employees in Unit: 18 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 07/17/2018 and Employer declined recognition on or about _____ (Date) (If no reply received, so state). **this Petition**
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. **11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): Earliest practicable date **11c. Election Time(s):** TBA **11d. Election Location(s):** TBA on-site at the employer's facility

12a. Full Name of Petitioner (including local name and number)
Teamsters Local 439 **12b. Address (street and number, city, state, and ZIP code)**
1531 East Fremont Street, Stockton, CA 95205

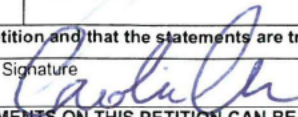
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Brotherhood of Teamsters

12d. Tel No. (209) 948-9592	12e. Cell No.	12f. Fax No. (209) 948-3424	12g. E-Mail Address ehernandez@teamsters439.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title David A. Rosenfeld, Attorney		13b. Address (street and number, city, state, and ZIP code) Weinberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501	
13c. Tel No. (510) 337-1001	13d. Cell No.	13e. Fax No. (510) 337-1023	13f. E-Mail Address drosenfeld@unioncounsel.net; ccohen@unioncounsel.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Caroline N. Cohen, Attorney	Signature 	Title Attorney	Date July 17, 2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

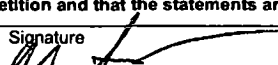
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UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 32-RC-224295	Date Filed 07/24/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

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2a. Name of Employer Good Samaritan Hospital		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2425 Samaritan Dr San Jose CA 95124-3985	
3a. Employer Representative - Name and Title Sam Romano-Corporate Director of Employee & Labor Relations		3b. Address (If same as 2b - state same) SAME	
3c. Tel. No. (408) 559-2426	3d. Cell No.	3e. Fax No.	3f. E-Mail Address samuel.romano@hcahealthcare.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital		4b. Principal product or service Health Services	
5b. Description of Unit Involved Included: Full and Part-time Clinical Dietitians, Dietitians and Lead Dietitians Excluded: Directors, Managers, Supervisors, all other classifications or employees		5a. City and State where unit is located: San Jose CA	
6a. No. of Employees in Unit: 9		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). NONE		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE			
10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): August 16, 2018	11c. Election Time(s): 8-9AM; 12-1PM	11d. Election Location(s): Hospital Room HAT 2	
12a. Full Name of Petitioner (including local name and number) Engineers and Scientists of California Local 20		12b. Address (street and number, city, state, and ZIP code) 810 Clay Street, Oakland CA 94607	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Federation of Professional and Technical Engineers, AFL-CIO & CLC			
12d. Tel No. 510 238 8320	12e. Cell No. 415 279 9950	12f. Fax No. 510 238 8324	12g. E-Mail Address nsteinmeier@ifpte20.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Danielle Lucido - Chief Counsel		13b. Address (street and number, city, state, and ZIP code) 810 clay Street Oakland CA 94607	
13c. Tel No. 510 238 8320	13d. Cell No.	13e. Fax No. 510 238 8324	13f. E-Mail Address dlucido@ifpte20.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Nick Steinmeier	Signature 	Title Sr. Union Representative	Date July 24, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)


PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 32-RC-224297	Date Filed 07/24/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer Good Samaritan Hospital		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2425 Samaritan Dr San Jose CA 95124-3985	
3a. Employer Representative - Name and Title Sam Romano-Corporate Director of Employee & Labor Relations		3b. Address (If same as 2b - state same) SAME	
3c. Tel. No. (408) 559-2426	3d. Cell No.	3e. Fax No.	3f. E-Mail Address samuel.romano@hcahealthcare.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Hospital/Healthcare		4b. Principal product or service Health Services	
5a. City and State where unit is located: San Jose Ca			6a. No. of Employees in Unit: 13
5b. Description of Unit Involved Included: All Full and Part-Time Social Workers, Social Worker IIs and Lead Social Workers Excluded: Directors, Managers, Supervisors - all other classifications/employees			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). NONE		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? _____ If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE			
10a. Name		10b. Address	
		10c. Tel. No.	
		10d. Cell No.	
		10e. Fax No.	
		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): August 16, 2018		11c. Election Time(s): 8-9AM; 12-1PM	
11d. Election Location(s): Hospital Room HAT 2			
12a. Full Name of Petitioner (including local name and number) Engineers and Scientists of California Local 20		12b. Address (street and number, city, state, and ZIP code) 810 Clay Street, Oakland CA 94607	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Federation of Professional and Technical Engineers, AFL-CIO & CLC			
12d. Tel No. 510 238 8320	12e. Cell No. 415 279 9950	12f. Fax No. 510 238 8324	12g. E-Mail Address nsteinmeier@ifpte20.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Danielle Lucido - Chief Counsel		13b. Address (street and number, city, state, and ZIP code) 810 Clay St., Oakland, CA 94607	
13c. Tel No. 510 238 8320	13d. Cell No.	13e. Fax No. 510 238 8324	13f. E-Mail Address dlucido@ifpte20.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Nick Steinmeier	Signature 	Title Sr. Union Representative	Date 7-24-18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

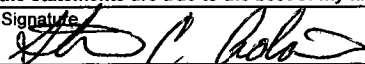
32-RC-224467

Date Filed

07/26/2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: EP MINERALS - FERNLEY PLANT		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): I-80 EAST, EXIT 65 FALLON, NV 89406	
3a. Employer Representative - Name and Title: JEFF FINK PLANT MGR		3b. Address (if same as 2b - state same): I-80 EAST, EXIT 65 FALLON, NV 89406	
3c. Tel. No. 775 824 7600	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) MINING OPERATIONS		4b. Principal Product or Service AGGREGATES	
5b. Description of Unit Involved: Included: ALL FULL TIME AND REGULAR PART-TIME EMPLOYEES AT THE EMPLOYER'S FACILITY LOCATED AT I-80 EAST EXIT 65 FALLON, NV 89406 Excluded: ALL OTHER EMPLOYEES, DEPARTMENTS, OFFICE, CLERICAL, GUARDS, MANAGERIAL, AND SUPERVISORY EMPLOYEES AS DEFINED BY THE ACT.		5a. City and State where unit is located: FERNLEY, NV	
6a. Number of Employees in Unit: ~27		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) NA and Employer declined recognition on or about (Date) NA (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state) NONE		8b. Address: NA	
8c. Tel. No. NA	8d. Cell No. NA	8e. Fax No. NA	8f. E-Mail Address NA
8g. Affiliation, if any: NA		8h. Date of Recognition or Certification NA	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) NA			
9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? NA (Name of Labor Organization) NA, has picketed the Employer since (Month, Day, Year) NA			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NA			
10a. Name NA	10b. Address NA	10c. Tel. No. NA	10d. Cell No. NA
		10e. Fax No. NA	10f. E-Mail Address NA
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 8/09/2018	11c. Election Time(s): 6 AM - 8 AM AND 3 PM - 5 PM	11d. Election Location(s): EMPLOYEE LUNCH ROOM	
12a. Full Name of Petitioner (including local name and number): INTERNATIONAL BROTHERHOOD OF BOILERMAKERS, IRON SHIP BUILDERS, BLACKSMITHS, FORGERS, HELPERS AFL-CIO		12b. Address (street and number, city, State and ZIP code): 753 STATE AVE KANSAS CITY, KS 66101	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): INTERNATIONAL BROTHERHOOD OF BOILERMAKERS, IRON SHIP BUILDERS, BLACKSMITHS, FORGERS, HELPERS AFL-CIO			
12d. Tel. No. 913 371 2640	12e. Cell No. NA	12f. Fax No. 913 281 8108	12g. E-Mail Address SADAIR@BOILERMAKERS.ORG
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: STEVE ADAIR - ORGANIZER		13b. Address (street and number, city, State and ZIP code): 389 EAST WASHINGTON AVE PERU, IN 46970	
13c. Tel. No.	13d. Cell No. 765 469 7817	13e. Fax No.	13f. E-Mail Address SADAIR@BOILERMAKERS.ORG
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) STEVE ADAIR	Signature 	Title ORGANIZER	Date 7/25/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

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